

The Commonwealth of Massachusetts continues to demonstrate a strong commitment to significantly increase the number of youth who abstain from sexual activity, delay the onset of sexual activity and decrease the number of adolescent births. The goal of this initiative is to provide abstinence only school-based program. The assigned lead agency will be the Department of Public Health (MDPH).

The primary goal of the Massachusetts Abstinence Education Project is to significantly increase the number and percentage of youth that remain abstinent outside of marriage. The four objectives are to:

1. Increase self-esteem, pride and a sense of future self-sufficiency in adolescents (ages 12-14);
2. Increase youth's ability to avoid peer pressure, unhealthy and abusive relationships;
3. Educate youth about the association between alcohol and other substances in relationship to sexual assault and the ability to remain abstinent; and,
4. Support parents to instill positive values and set clear limits and behavioral expectations for their children.

LEGISLATIVE REQUIREMENTS

The Abstinence Education Project continues to support priorities as defined by Congress. The Abstinence Education Project is intended to: increase awareness regarding the importance of abstaining from sexual activity outside of marriage for youth; encourage family and community support; instill a sense of pride in youth who choose to remain abstinent. As with the previous years, for federal fiscal year '06, Massachusetts will continue to focus its efforts on implementing a project that is consistent with the definition of the Congress. The Commonwealth understands the full intent of the

legislation. In partnership with our contractor and constituency, we will continue to ensure that all program components, selected materials, and project activities do not conflict with any of the definitions.

PRIORITY NEEDS

The overall Massachusetts adolescent birth rate for 2003 (the most recent year for which data is available) was 22.6 births per thousand for women ages 15-19. The Massachusetts teen birth rate declined by 34.5% in the last decade, while the national teen birth rate declined 29.3% during the same period. Black non-Hispanic teens have had the greatest decrease in birth rates, 55% from 1990 (89.2) to 2003 (40.3); the White non-Hispanic teen birth rate decreased the least by 44% (from 21.5 to 13.7) while Hispanic teen birth rate declined the least at 35% (from 120.7 to 78.3). Historically, teen births have been highest for the Hispanic population, followed by Black non-Hispanic, White non-Hispanic, and Asian. Massachusetts' communities with the highest teen births are mostly comprised with populations of color, and continue to have significantly higher rates than the state average.

In 2003, the overall STD rates for gonorrhea were 45.2 per 100,000 and 177.5 per 100,000 for chlamydia. Improved STD screening efforts in recent years and fluctuation of population estimates coupled with a varying college population influx are factors that may affect the rates of both diseases, which have increased nearly every year since 1997.

The 2003 Massachusetts Youth Risk Behavior Survey reported that about 59% of all high school youth surveyed were not sexually active. Among adolescents who were sexually active, the highest reported sexual activity was among Hispanic (59%), followed by blacks (56%) and white (37%). About 6% of adolescents reported initiating sex

before age 13. Students who had sexual intercourse in the three months preceding the survey were significantly more likely than students who were not sexually active to report current alcohol use (67% vs. 36%), experiencing sexual contact against their will (18% vs. 5%), and experiencing dating violence (21% vs. 5%). Sexually active students were significantly less likely to report receiving mostly passing grades than their counterpart (84% vs. 90%). Students who reported being sexually active in the past three months were less likely to report that there was a parent or other adult family member they could talk to about things that were important (29% vs. 34%), less likely to have participated in volunteer or community work (25% vs. 33%), and less likely to have participated in organized extra-curricular activities (24% vs. 36%).

PROJECT PLAN

For Fiscal Year '06, the project will provide abstinence education in schools for youth ages 12 – 14 and their families, stressing the importance of family involvement to reinforce the abstinence message. Continued emphasis will be placed in the Hispanic and Black communities, where higher rates of sexual activities are reported.

The project will target youth between the ages of 12 – 14 years based on data that shows that this is a crucial time in the development of risk taking behaviors. The National Campaign to Prevent Teen Pregnancy reports¹:

- 81% of 12 – 14 year olds who have had sex wish they had waited;
- Approximately 1 in 5 adolescents have had sex before his/her 15th birthday;
- Most of those adolescents aged 14 and younger who have had sex are not currently sexually active;

¹ *14 & Younger: The Sexual Behavior of Young Adolescents*. The National Campaign to Prevent Teen Pregnancy PowerPoint Presentation. May 2003.

- Approximately 1 in 7 sexually experienced 14 year old girls reported having been pregnant;
- 1 in 10 girls who have had sex before age 15 reported it was non-voluntary and many more describe it as relatively unwanted;
- Girls who first had sex at age 14 or younger had more sexual partners as a teenager on average than girls who first had sex at age 15 or older;
- Young teens seem to have the opportunity to have sex;
- Half of those aged 12 -14 report having been on a date or having a romantic relationship in the past 18 months; and,
- Sexually experienced teens were more likely than virgins to engage in other risky behaviors such as smoking, illegal drug use, and drinking once a week or more;

Furthermore, youth with disabilities and their parents/caretakers will continue to serve as a subset target population within schools both for programs and for specifically designed education materials. The project will continue to highlight issues of sexual abuse and exploitation (objective 4) for this population.

The Abstinence Education Project will continue to address the six performance measures instituted since the inception of the project.

Goal 1: To lower the pregnancy rate among teenagers, especially those aged 15-17.

Measure: The pregnancy rate for teenagers aged 15 through 17.

Objective: Reduce pregnancies among females ages 15-17 to 32.4 per 1,000.

Data Source: MA Registry of Vital Records, CDC, Alan Guttmacher Institute, U.S. Census Bureau

Data Issues: Massachusetts does not report teen pregnancy rate data. Among available teen pregnancy data for MA, however, the data published by Alan Guttmacher Institute (AGI) is believed to be the most reliable due to their extensive efforts to obtain accurate abortion data from providers. For reporting here, we draw on the year 2000 estimated number of pregnancies to MA females ages 15-17 published in AGI's most recent report (updated February 19th, 2004)². The 2000 teen pregnancy rate that we report here is slightly different from that published by AGI as AGI uses National Center for Health Statistics population estimates for MA for its denominator while we chose to use the 2000 Census counts from the Census Bureau.

Outcome: AGI gave an estimate of 3,880 pregnancies among MA 15-17 yr old females in 2000, and 4,080 pregnancies in 1999. Therefore, the teen pregnancy rates that we calculated using the 2000 Census population counts are 33.2 per 1,000 females ages 15-17 in 2000, and 34.9 in 1999. Previously, AGI reported a pregnancy rate for this age group of 48 for 1996, while the CDC reported rates of 42.2 and 41.3 for 1996 and 1997, respectively. While the rates for earlier years may be subject to change due to revisions in the population estimates for 1990-2000 based on 2000 Census counts, the 1996-1997 pregnancy rates are likely to remain substantially higher than the 1999-2000 rates, indicating that pregnancies among 15-17 yr old females in MA declined dramatically during the late 1990's. This decline is due to both a decrease in the number of abortions,

² The Alan Guttmacher Institute, U.S. Teenage Pregnancy Statistics: Overall Trends, Trends by Race/Ethnicity, and State-by-State Information, 2004.

as well as in the number of births. According to the AGI, the abortion rate among MA women ages 15-44 (data for MA 15-17 yr olds only is unavailable) declined 26% between 1996 and 2000, representing the second largest decline among states that had at least 10,000 abortions in 1996.³ Moreover, the rate of births to MA females aged 15-17 (see Goal 4) declined 13% between 1997-2000.

Goal 2: To reduce the proportion of adolescents 17 and younger who have engaged in sexual intercourse.

Measure: The percent of high school age adolescents who have engaged in sexual intercourse during the reporting period. (Grades 9-12)

Objective: Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 39.5% for all youth in grades 9-12.

Data Source: Massachusetts Youth Risk Behavior Survey (YRBS)

Data Issues: The YRBS is administered every other year and was last administered in the spring of 2003. The minority population sampled by the YRBS in a given year is usually small and the data may not accurately reflect the areas of the state where media and other community-based efforts made during the previous grant period were concentrated, i.e., ethnically diverse urban communities with large populations of Hispanic and black youth.

Outcome: In 2003, 41% of all Massachusetts high school students had ever had sexual intercourse during their lifetime, down from 44.3% in 2001, and from 48.7 in 1993. The decline of 3.3 percentage points between 2001 and

³ Finer, L.B. & Henshaw, S.K. Abortion incidence and services in the United States in 2000. **Perspectives on Sexual and Reproductive Health**. 35(1):6-15, 2003

2003 represents the largest decrease between survey years since the inception of the MA YRBS in 1993. However, the decline in the overall rate masks some disturbing trends among specific subgroups of MA teens. Specifically, 2003 was the first year in the history of MA YRBS administration that the percentage of girls who had had sexual intercourse (41.1) was comparable to the percentage among boys (40.8). In previous years, the percentage of boys was consistently higher than girls (e.g., in 2001, it was 46.3 vs. 42.3, respectively). This convergence of rates occurred because the rate among boys declined more rapidly between 1993 and 2003 (51.4 to 40.8), than did the rate among girls for the same period (46.0 to 41.1). In particular, the decline between 2001 and 2003 was much greater among boys (46.3 to 40.8) than among girls (42.3 to 41.1). While rates significantly declined during this period for white non-Hispanic and black non-Hispanic youth, the rate among Hispanic youth showed little or no change (56.5 in 1993 to 59.2 in 2003). It appears that the lack of change in the rate for Hispanic youth is largely due to a dramatic increase in the rate among Hispanic girls (38.2 in 1995 to 53.8 in 2003), while the rate among Hispanic boys declined somewhat (76.1 to 65.3 during same period). The data highlights a need to particularly address girls, especially Hispanic girls, in current abstinence education efforts.

Goal 3. To reduce the incidence of STD's among adolescents.

- Measure:** The rate of teenage youths, 15-19 years old who have contracted a bacterial STD, specifically chlamydia or gonorrhea, during the reporting period.
- Objective:** Reduce the adolescent STD rates to 872 per 100,000 youth ages 15-19 for chlamydia and 146 per 100,000 for gonorrhea.
- Data Source:** MDPH STD Program Surveillance System
- Data Issues:** In the calculation of the incidence rates for chlamydia and gonorrhea among youth ages 15-19, we used the 2000 Census Bureau counts. However, for future non-Census years, we will use the latest population estimates produced by the MA Institute of Economic and Social Research (MISER). We deem MISER estimates to be more accurate than Census estimates because MISER annually updates its estimates using more detailed information about MA communities than is available through the Census. For example, the MISER estimates adjust the Census numbers up for the teen and college-aged population in MA, since there is a significant movement of college students in and out of the state each year that is not well accounted for by the Census.⁴ As 2001 and 2002 population estimates are not yet available from MISER, we used the 2000 Census counts for calculating the 2002 and 2003 STD rates.
- Outcome:** The number of new chlamydia cases remained almost unchanged between 2002 and 2003 (3,607 to 3,602) while the number of gonorrhea cases declined substantially (746 to 614). These trends indicate a potential

⁴ Roy, C. Census Shortchanges State on Students, Official Says. Boston Globe. May 23, 2003

stabilization or reversing of the trend of previous years when the rates of both diseases increased nearly every year since 1997. The previous increases may in part have been due to improved STD screening efforts in recent years. The 2002 and 2003 rates will be recalculated once population estimates are available for those years.

Goal 4: The percent of youth who reported having had a conversation with their parents or other adults in the family about sexual issues at least every few months.

Measure: The percentage of youth that report a change in attitude, knowledge and beliefs.

Objective: To increase to 26% the percentage of youth in Massachusetts who report having had a conversation every few months with a parent or other family adult about sexual issues including STDs/HIV and pregnancy, prevention and abstinence.

Definition: Numerator: Number of high school youth reporting having at least one conversation about sexual issues with a parent or other family adult every few months.

Denominator: Total number of youth surveyed.

Data Source: MA Youth Risk Behavior Survey

Data Issue: A single question was added to the MA YRBS starting in 1999 to assess frequency of youth communication with a parent or family adult about sexual issues and ways to prevent HIV/STD's and pregnancy. This

question is very similar to the question in the adult MA BRFS regarding parent-teen communication about sexual issues (see Goal 5).

Outcome: In 2003, 24.5% of MA high school youth (grades 9-12) reported having had a conversation with a family adult about sexual issues at least once every few months, showing little change since 2001 (24.0%), and down slightly from 26% in 1999. This percentage is in striking contrast to the percentage of parents in the 2003 BRFS who reported having had a conversation with their teenager at least every few months (79.5%). This disparity is consistent with other study findings comparing parent and teen reports of the frequency of communication about sexual issues.^{5,6}

Goal 5: To increase the percent of parent(s) who report having had a conversation with their child/children about sexual issues.

Measure: The percentage of parents with children under age 17 who report a change in knowledge, attitude and beliefs consistent with the importance of adolescents remaining abstinent outside of marriage.

Definition: Numerator: Number of parents with children between the ages of 13 and 17 years who report a specific attitude or behavior of interest.
Denominator: Number of parents with children between the ages of 13-17 surveyed.

Data Source: Massachusetts Behavioral Risk Factor Survey (BRFS)

⁵ Jaccard, J., P. J. Dittus, et al. (1998). Parent-adolescent congruency in reports of adolescent sexual behavior and in communications about sexual behavior. Child Development **69**(1): 247-261.

⁶ King, B.M., Lorusso, J. (1997) Discussions in the home about sex: Different recollections by parents and children. Journal of Sex & Marital Therapy **23**: 52-60.

Data Issues: In 1998, questions on exposure to teen abstinence messages, frequency of conversation about sexuality issues between parents and children, and attitude regarding youth sexual activities were added to the BRFS. Oversampling was done in large urban communities, which tend to have large Hispanic and black populations. Data presented here are weighted to account for oversampling, as well as to address non-response bias. Focus groups and other assessments were also conducted in 1998-2001 in order to obtain more in-depth, qualitative information regarding these topics.

Outcome: In 2003, among interviewed parents with 13-17 yr old children in their household, the large majority (79.5%) reported having ongoing and frequent communication (at least every few months) with their teens about sexual issues. While this percentage remains high, there is some cause for concern. This proportion grew steadily from 1998 to 2002 (74.6 to 83.3), but now shows a decline to 79.5 in 2003, indicating a need for renewed efforts to educate parents about the importance of communicating with their teens about the risks of early sexual activity.

The project has retained objective 5 and 6 as activities to monitor to look at increased parental involvement and guidance, a key factor in helping adolescents to make healthy decisions.

The Massachusetts Department of Public Health (MDPH) remains committed to increasing the number of youth that choose to remain abstinent and reducing adolescent births. Statewide priority populations will include youth boys and girls ages 12-14, and their families, with a primary focus on the Hispanic and Black communities. In addition,

youth with disabilities in this age group will be a priority population. For FY '06, the Massachusetts Abstinence Education Project will include the following components:

1. **Services:** Distribution of funds to a single vendor through a Request for Responses to provide research-based abstinence education services in targeted schools within the academic year beginning January 2006 through June 2007. It is expected that the selected vendor will have received input from the priority populations in the development and implementation of the school-based efforts. The MA Department of Public Health through its vendor will ensure that all activities and materials will adhere to the definitions set forth for the Abstinence Education Project A-H guidelines and incorporate the principles of youth development. The selected vendor will provide the following services:

- Manage the successful design and implementation of abstinence education programs in schools during the 2006 academic year, beginning February 2006 through June 2007,
- Establish and maintain relationships with state and local education entities in order to ensure the involvement and support in implementing school-based programs,
- Where appropriate, provide technical assistance and training to subcontractors
- Facilitate use of available abstinence education materials produced by MDPH and others to be used in the schools,
- Increase effectiveness in program activities and education efforts through distribution of relevant and appropriate materials,

- Develop an effective database system for reporting and monitoring activities, efforts, and clients served,
 - Provide monthly, quarterly and annual reports as required by MDPH and Administration for Children and Families,
 - Ensure the involvement of parents and community in the school-based abstinence education services in order to maximize accomplishing abstinence education goals and outcomes, and,
 - Participate in the evaluation of the project based on established outcomes.
2. **Evaluation:** Through a Request for Responses, MDPH will seek a qualified program evaluator to aid in the design and implementation of a formative, process, and outcomes evaluation of the school-based programs. The program evaluator will be responsible for the development of an evaluation plan, data collections tools development, implementation of evaluation activities, data entry, cleaning, and analysis, and written reports with conclusions and recommendations. Approximately 17% of the budget will be allocated to evaluate the effectiveness of the selected program model(s).
 3. **Materials:** Distribution of materials targeting high-risk youth, parents and/or caretakers of the youth who participate in the school projects. These materials have been designed to reinforce the abstinence message at home and in their community. These materials will also be available to schools and related entities statewide.
 4. **Participation:** MDPH and its vendors, where appropriate, will participate in formal or informal meetings and conference calls with other New England State Abstinence

Coordinators and other ACF Community Abstinence-based Coordinators. The purpose of these meetings or conference calls will be to:

- Share emerging and promising strategies in abstinence education,
- Provide for a framework to discuss future inter-state collaborative activities,
- Strategize on approaches to maintain and increase continued comments and input on different aspects of the project from priority populations,
- Enhance respective abstinence education efforts and activities, and,
- Collaborate, where appropriate, on different project activities.

5. Technical Assessment: In order to improve the quality and effectiveness of abstinence education being provided throughout Massachusetts and to increase the successful utilization of project materials, MDPH will continue to provide ongoing technical assistance to community abstinence programs to facilitate their use of the project materials, increase the effectiveness of their activities, and assist them in obtaining additional funds through grantsmanship.

Samuel Louis, MPH, will continue to serve as the Abstinence Education Project Director. He oversees all aspects of the project including, but not limited to, fiscal and programmatic oversight of the project's selected vendor and coordination with existing providers and constituency groups. This position is located in the Office of Adolescent Health and Youth Development within the Bureau of Family and Community Health. The Director of the Office, Julia Gaggin-Humphreys, MPH, will provide direct supervision and work with the project director to assure that the guidelines set forth in the grant announcement are followed and project goals and objectives are met.

PROJECT TIMELINE

TASK	TIME FRAME
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	1st Qtr.	2nd	3rd	4 th
PROGRAM PLANNING				
Participate in meeting or conference calls with other ACF abstinence projects and other youth programs				
Conduct RFR process to select the school-based abstinence education vendor				
Meet with selected vendor				
PROGRAM OPERATIONS				
Continued distribution of existing educational materials				
Implements School component				
Selected vendor will participate in meeting/conference calls with ACF abstinence project and other youth programs				
On-going meetings with selected vendor				
Participation in outreach activities related to implementing school-based programs				

CONSUMER INVOLVEMENT AND COORDINATION WITH OTHER PROGRAMS

The Massachusetts Department of Public Health emphasizes partnership with its constituency. Partners, particularly the community, have been and continue to be involved throughout the project. The selected vendor for the school-based programs will be required to partner with the community. Materials, developed by MDPH are available for schools to use in their abstinence programs and incorporate recent data, researched publications and quotes from the targeted audience, including, but not limited, to youth and counselors, community advocacy groups, and organizations. These stand-alone and

complementary materials were developed with the input from parents, pre-adolescents or “tweens” and adolescents. They have been focused group tested with all three groups. For instance, ACTION, the ACF funded Community-based Abstinence Program in Fall River, MA, was actively involved in the testing and development of several project materials in FY 05. More so, the proposed evaluation of the school-based programs will involve significant participation and input from the targeted audiences.

In order to continue to meet the federal expectation for public input, community involvement, and collaboration with other programs throughout future project implementation, the Project Director will participate in a number of conferences, calls or meetings with other New England State Abstinence Coordinators, partake in statewide conferences, coordinate efforts with in-house staff and community organizations, and sit on a number of youth development related projects. They have and will include, but are not limited to:

- Abstinence Education Providers: school program leaders, youth program providers, faith-based program providers, health educators, and teen pregnancy prevention program providers.
- Parents and Youth (including youth with disabilities)
- Established youth policy groups (i.e., the Governor’s Adolescent Health Council, Youth Violence Prevention Coalition).
- Medical providers and organizations such as the Academy of Pediatrics and Federation for Children with Special Health Care Needs.

The continued inclusion of our constituency will ensure successful strategies for the future of the Massachusetts Abstinence Education Project. Through this process, the

Project will continue to increase awareness of the Abstinence Education Project and its available resources, reinforce the inclusion of abstinence education in other youth programs, and enhance the network of collaborators that provide services to youth and their families. Continued community involvement will be maintained for the duration of the grant period through the posting of this application on the Department's website to allow for comments from the general public.